

already a part of the loving attention given to him, and the sensations and movements it involves become familiar in ample time for the weaning crisis, is very sound ; and the graduation of the change by introducing one or two artificial feeds at first, and then by degrees increasing the number, also makes the situation much easier for the child.

The age at which weaning occurs is, moreover, important.

On the whole, it can be safely said that the later the better, and the third quarter of the first year is undoubtedly better than any earlier period. If the child is not weaned until, say, the seventh to the ninth months, he has enjoyed something like a normal satisfaction of his impulses towards the breast, and has so far developed in his perceptions of his mother and in the organisation of his sense of reality, that he can now understand other signs of her love. He is interested in other modes of relation with his mother, and can thus tolerate the withdrawal of the breast with much greater ease than he can at a time when to lose the breast means to lose love altogether. He can feel her love satisfyingly in her face and smile, and ways of response to his active play. She is now much more than a breast to him, and so he can feel secure that although the breast is withdrawn, she remains, and her love remains. It would appear that there is an optimal satisfaction of this (and all other) libidinal needs, which makes later development more secure. But this optimum will not be exactly the same for each child. There cannot be any formal rule about it. Children vary in the readiness with which they can accept weaning at any particular age, and their individual responses need to be watched, and the time and rate of the weaning graduated to their personal needs.

I have already referred to those frequent cases of children who are difficult to feed after weaning. This is probably due, or at any rate partly due, to the way the weaning has been handled ; but the exact cause cannot always be traced. There are children, too, who cannot tolerate the taking of hard food, even when the transition to the first soft foods after weaning has been successfully accomplished. This refusal to take hard food, and inability to bite and chew and swallow it, or the refusal to take any sort of meat course, is undoubtedly an outcome of the child's anxieties connected with biting. The opposite kind of difficulty occurs, too, in